

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51								
2		3					52								
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5	1	1					55								
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49							99								
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TOTAL IND.							TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS							TOTAL CLAIMS								

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97		3				
98		3				
99		3				
100	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						